

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/926154**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		1		1
5		3		1		1
6		3		1		1
7		3		1		1
8		3		1		1
9		3		1		1
10		3		1		1
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TOTAL IND.	1		1		1	
TOTAL DEP.		17		17		24
TOTAL CLAIMS	1	17	1	17	1	24

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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